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Application or Booklet Number
10-803,371

Substitute for Form PTO-875

(Column 1)	(Column 2)
1	2
3	4
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99	100

FOR	COLUMN 1 NUMBER FILED	COLUMN 2 NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a), (b), or (c))		
SEARCH FEE (37 CFR 1.16(k), (l), or (m))		
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))		
TOTAL CLAIMS (37 CFR 1.16(i))	minus 20 *	*
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 *	*
APPLICATION SIZE FEE (37 CFR 1.16(u))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY	
RATE (\$)	FEE (\$)
X	=
X	=
TOTAL	

OTHER THAN SMALL ENTITY	
RATE (\$)	FEE (\$)
X "	
X "	
TOTAL	

(Column 1)	(Column 2)	(Column 3)
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3		

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Total (37 CFR 1.16(s))	*	5	Minus	** 20	= —
Independent (37 CFR 1.16(s))	*	1	Minus	*** 3	= —
Application Size Fee (37 CFR 1.16(s))					
FIRST PRESENTATION OF MULTIPLE INDEPENDENT CLAIMS (37 CFR 1.16(s))					

SMALL ENTITY	
RATE (\$)	ADDITIONAL FEE (\$)
1. _____ =	
2. _____ =	
_____ =	
_____ =	
TOTAL AMOUNT DUE	

OTHER THAN SMALL ENTITY	
RATE (\$)	ADDITIONAL FEE (\$)
✓ =	
✓ =	
TOTAL ADDITIONAL FEE	

AMENDMENT B	(Column 1)		(Column 2)		PRESENTATION
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		
Total (37 CFR 1.16)	*	1st PLUS	**		1
Independent (37 CFR 1.16(h))	*	Minus	***		2
Application Size Fee (37 CFR 1.16(s))					
FIRST PRESENTATION OF MULTIPLE INDEPENDENT CLAIMS					

RATE (\$)	ADDITIONAL FILE (\$)
" "	" "
" "	" "
" "	" "
TOTAL AMOUNT DUE	

	RATE (\$)	ADDITIONAL FEE (\$)
OP	1	
OP	1	
OP		
OP		
OP	TOTAL ADDITIONAL FEE	

* If the entry in column 1 is less than the entry in column 2, write '0' in column 3.

* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20.

* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter:
The "Highest Number" 20

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required if you retain a benefit by the patent application. It will be used by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 42 and 37 CFR 1.101. The fee code for this form is estimated at \$10.00. This form is complete including gathering, preparing, and submitting the completed application to the USPTO. The fee code for this form is estimated at \$10.00. Comments on the amount of time you require to complete this form and/or suggestions for improvement may be sent to the Patent Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. Please send your comments to the Patent Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

If you need assistance in completing the form, call 800-762-2269.